Approved for use through 7/31/2006 OMB 0651-0032

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless a displays a valid CMB control number. U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Substitute for Form PTO-875 Application or Docket Number Effective December 8, 2004 ð APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OP. FOR SMALL ENTITY MUMBER FILED NUMBER EXTRA BASIC FEE RATE (\$) (37 CFR 1 18(4) (b) or (c)) FEE (1) N/A RATE (\$ SEARCH FEE N/A FEE (1) NA 150.00 (37 CFR 1 16(N. (4. or (m)) N/A NA 300.00 N/A EXAMINATION FEE NA (37 CFR 1 16(a), (p), or (q)) N/A NA TOTAL CLAIMS N/A (37.CFR 1 16(4) NA minus 20 . INDEPENDENT CLAIMS X\$ 25 (37 CFR 1 16(N) X\$50 OR **ஈம்பு 3** க X100 if the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each (37 CFR 1 16(8)) additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR | 16(1)) +180= \* If the difference in column 1 is less than zero, enter \*0" in column 2. +360= TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3); CLAIMS OTHER THAN SMALL ENTITY OR HIGHEST REMAINING SMALL ENTITY NUMBER 16/05 PRESENT AFTER ENDMENT RATE (\$) PREVIOUSLY AMENDMENT ADDI-**EXTRA** RATE(\$) PAID FOR TIONAL Total ADO: Minus FEE (\$) TIONAL 6 20 X\$ 25 profes tone FEE (1) Minus X\$50 OR 2 Application Size Fee (37 CFR 1.16(s)) X100 X200 ΔĐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I) +180= +360= OR TOTAL ADD'L FEE TOTAL OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST 8 REMAINING NUMBER AFTER . AMENDMENT PRESENT ENDMENT RATE (\$) PREVIOUSLY ADDI-EXTRA Total COTCFR.1.18(1) RATE (\$) PAID FOR TIONAL ADOI-Minus FEE (5) TIONAL FEE (\$) Independent : (37 CFR 1.18(h)) X\$ 25 Minus X\$50 OR Application Size Fee (37 CFR 1.16(e)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADD'L FEE TOTAL If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". OR ADD'L FEE The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. is collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the PTO to piccess) an application. Confidentiality is povemed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete.

biding gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient 1 Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS